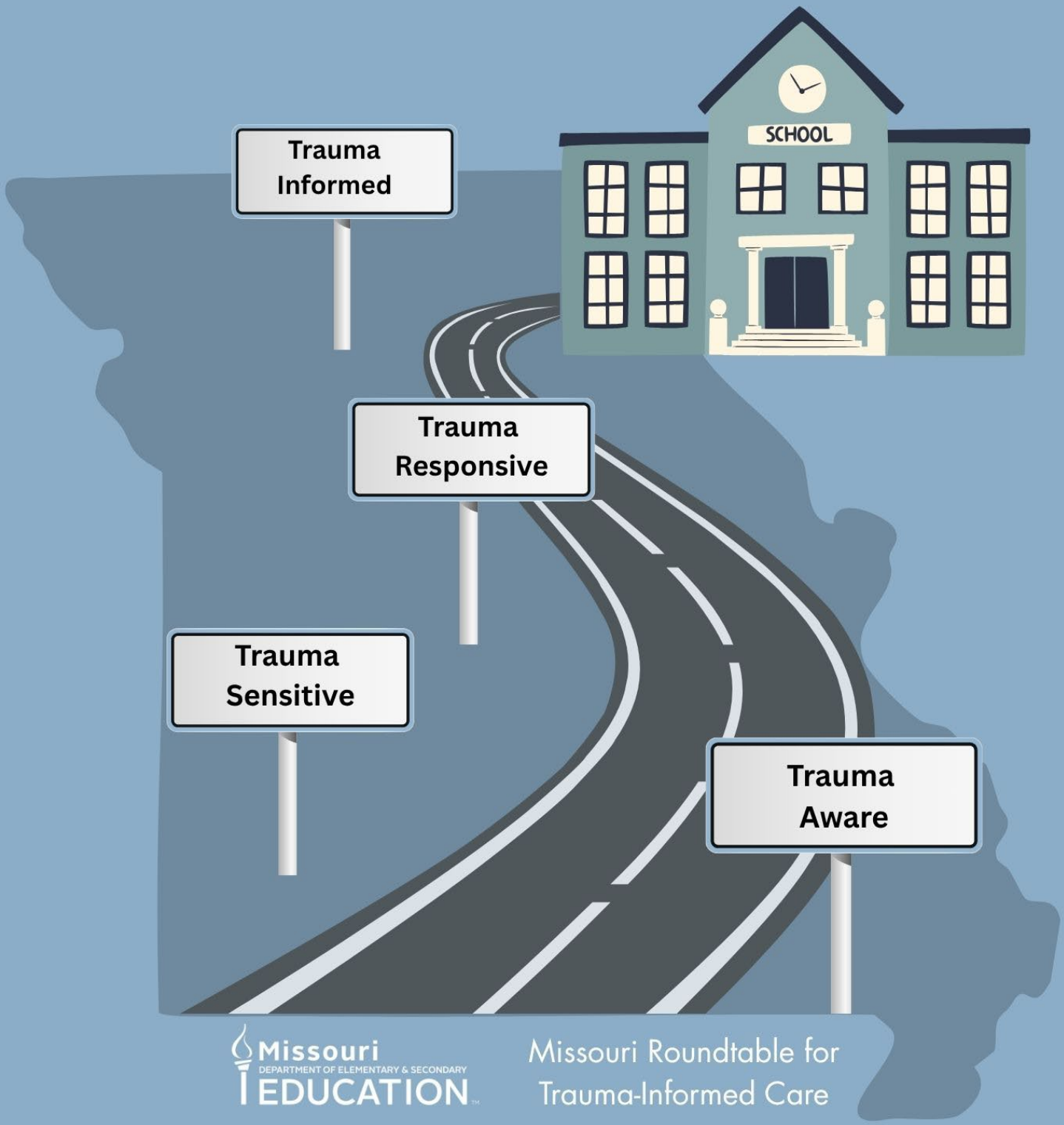
The Missouri Model for Trauma-Informed Schools:

Supporting schools on the journey to becoming trauma informed



Missouri Department of Elementary & Secondary Education

Missouri Roundtable for Trauma-Informed Care

Acknowledgments

Pursuant to Section 161.1050, the Missouri Department of Elementary and Secondary Education (DESE) established the "Trauma-Informed Schools Initiative" in 2017. A legislative workgroup including participants from the state departments of Elementary and Secondary Education, Health and Senior Services, Mental Health, and Social Services along with several other organizations convened to develop guidance on how schools can become trauma informed and information for schools and parents to be included on the initiative's website. This group recommended the Missouri Model: A Developmental Framework for Trauma-Informed (Missouri Model) as the developmental framework for the Trauma-Informed Schools Initiative. As a result, the Missouri Roundtable for Trauma-Informed Care (also known as the Missouri Trauma Roundtable) partnered with the Alive and Well Communities Education Leader's Workgroup to develop The Missouri Model for Trauma-Informed Schools, which was disseminated in 2019.

In 2024, DESE and leadership from the Missouri Roundtable for Trauma-Informed Care convened a workgroup to review the guide and make revisions as needed to reflect the current mental health landscape. We would specifically like to acknowledge the following for their dedicated work on this revision:

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Introduction

Trauma-informed care (an approach that recognizes and intentionally responds to the adverse effects of experiencing traumatic events) is not a new concept to Missouri, particularly in settings such as healthcare, inpatient psychiatric, substance use, and community-based mental health. While schools and school districts have long sought to provide safe and healthy learning environments for their students, for many the establishment of the "Trauma-Informed Schools Initiative" through Senate Bill 638 in 2016 provided the motivation to intentionally explore what a trauma-informed approach could look like in the educational setting. The collaboration among the Missouri Departments of Elementary and Secondary Education, Mental Health, Social Services, and other entities, such as the Missouri Roundtable for Trauma-Informed Care, produced guidance on how schools can become trauma informed.

The purpose of this document is to support schools' efforts to create safe and secure environments for Missouri's children, school staff, and families to learn by translating guidance from the Missouri Model: A Developmental Framework for Trauma-Informed into language and processes applicable to the school setting. By acknowledging the widespread impact of trauma and committing to decreasing the long-term impacts, we begin creating a pathway to a trauma-informed Missouri. In our schools and families, we work to recognize the signs and symptoms of stress and trauma and their potential impact on our children's ability to learn and respond in educational settings. Through the creation of safe spaces where all adults actively and consistently respond with empathy, we can build school systems that acknowledge gaps in access to resources, enhance students' capacity for resilience, and strive to avoid unintentional retraumatization caused by inadvertently creating or replicating events or dynamics that activate overwhelming feelings and reactions.

Becoming trauma informed is an intentional journey. It takes time and an ongoing commitment to integrate common language and practices within policies and procedures. Sustainability depends on a holistic approach in which practices, procedures, and policies are aligned and regularly evaluated for strengths and opportunities for growth. We hope that this document can serve both as guidance for schools that are just beginning on their trauma-informed journey and as a resource for those that have already begun.

Missouri Roundtable for Trauma-Informed Care

Missouri DEPARTMENT OF ELEMENTARY & SECONDARY EDUCATION

Understanding the Impact of Stress and Trauma

Many students come to school with backgrounds and experiences, including trauma and toxic stress exposure, that challenge their readiness to learn and impact their school success. Trauma can be thought of as any adverse experience that overwhelms one's ability to cope; one that is experienced as physically or emotionally harmful or threatening. Whether an event or experience is considered traumatic is subjective and varies from person to person, depending on factors such as past experiences, coping skills, developmental stage, and individual perception of the situation.

Toxic stress occurs when strong, frequent, prolonged adversity is experienced without sufficient protective factors in place to buffer against the stress. Our body's stress response systems are designed to prepare our body to deal with challenges or threats through physiological responses such as increased heart rate, elevated blood pressure, and the release of hormones like cortisol and adrenaline. When these responses remain activated at high levels for extended periods, the responses meant to be protective can become harmful, and toxic stress can result.

When the stress system is activated, whether by academic stress (pressure, confusion, embarrassment, or fear of failure) or by reminders of previous traumatic events or circumstances, it can feel as intense as the original event. In the moment, the brain shifts from thinking/learning mode to survival mode, often unconsciously prompting the same behaviors needed to survive a traumatic event, such as fighting back, protecting oneself by shutting down, or running away. This can look like aggression, arguing or challenging authority, withdrawal, avoidance of tasks or people, or disengagement. Often, the stimuli that prompt these behaviors may not be obvious to either those witnessing them or those experiencing them. Stress responses can be activated by a variety of sensory triggers, such as smells, sounds, or images, or feeling afraid, powerless, or that no one cares or understands.

In survival mode, working memory decreases, processing slows down, language becomes harder to access, and emotions take over, so even students who know how to do the work suddenly can't. Not because they won't, but because biologically, at that moment, they can't–they don't have access to the skills to do so. It takes time for the dysregulated brain to return to a state where thinking and learning can occur and it often takes support from a calm, regulated adult to do so.

Because trauma and toxic stress can impair the development of neural connections necessary for healthy brain architecture (especially in the areas of the brain dedicated to more complex skills like language, attention, and decision-making), they have detrimental effects on learning, memory, development, behavior, and emotional regulation. They can negatively impact students' attendance, grades, and ability to reach grade-level academic expectations and increase suspension, expulsion, and dropout rates.[1] By addressing these impacts and equipping a healthy staff team to support students, school communities will be more successful in meeting their goals, both academically and otherwise. A trauma-informed approach to education provides a framework to apply the best emerging science about the brain and behavior to systemic changes that support all learners.

Prevalence and Risk

It is estimated that one in four children (26%) witness or experience a traumatic event before the age of four years, and three in four high school students report experiencing one or more Adverse Childhood Experience, or ACE (potentially traumatic events that occur within the first 18 years of life), with one in five experiencing four or more.[2,3] ACEs include experiences of violence, abuse, or neglect, as well as aspects of a child's household environment that undermine their sense of safety and stability, such as domestic violence, parental separation, or substance use within the household. These are not the only types of stressors that may negatively impact student, family, and/or staff well-being. Trauma can result from a one-time event (such as a car accident or the death of a loved one), a series of events such as bullying, or a set of circumstances such as those that result in living in foster or kinship care.

Certain populations, such as youth with intellectual, developmental, or physical disabilities; youth experiencing homelessness or housing insecurity and other economic hardship; and others are at higher risk for traumatization than the general public.[4] Potentially traumatic events can also occur at interpersonal and community levels. For example, natural disasters such as tornadoes, the closure of major employers or hospital systems, or gang violence. Many students and educators may also be impacted by stress and trauma through adverse community experiences and environments, where challenges such as poverty, bullying, or other violence, and other challenges may compound adversities faced by individuals and families within their homes.[5] Additionally, school staff may experience secondary trauma through hearing about the stressors faced by students and their families.

Impact

Trauma and toxic stress can impair learning, whether the trauma is ongoing or a single event, and whether it affects an individual, family, or broader community. They can also disrupt the development of biological systems more broadly, affecting health and well-being across the lifespan. Trauma can impact multiple developmental domains related to school success, such as attachment and relationships, emotional responses, self-concept, future orientation, thinking, and behavior. Even exposure to a single traumatic event may cause interrupted sleep, hypervigilance, social withdrawal, and changes in mood, which can interfere with concentration and memory. Chronic exposure to traumatic events and stressors can:

- Adversely affect attention, memory, and cognition
- Reduce one's ability to focus, organize, and process information
- Interfere with effective problem solving and/or planning
- Result in overwhelming feelings of frustration and anxiety[6]

In addition, exposure to trauma and toxic stress can lead to physical and emotional distress. This may show up as physical symptoms such as headaches and stomachaches, sleep disruptions, poor emotional control, unpredictable or impulsive behavior, and inconsistent academic performance. Not everyone who experiences a potentially traumatic event is affected in the same way or to the same degree, and

not all will struggle with lasting traumatic stress, but many do. The signs of traumatic stress may vary by child and depending on developmental age. Knowing the warning signs of traumatic stress can help school staff understand what may be driving the behaviors they see, so they are better able to meet students' underlying needs.

According to the National Child Traumatic Stress Network, youth and adults who experience trauma and toxic stress may demonstrate behaviors such as the following:[6]

Preschool Children (2-5 years old)

- Separation anxiety or excessive clinginess towards teachers or primary caregivers
- Regression in previously mastered states of development (e.g., babytalk or bedwetting/toileting accidents)
- Lack of developmental progress
- Changes in behavior (e.g., angry outbursts, decreased attention, withdrawal)

Elementary School Children (5-11 years old)

- Anxiety, fear, and worry about the safety of oneself and others
- Increased distress (unusually whiny, irritable, moody)
- Changes in behavior
    - Increase in activity level
    - Decreased attention and/or concentration
    - Withdrawal from others or activities
    - Angry outbursts and/or aggression
    - Absenteeism
- Changes in school performance
- A change in the ability to interpret and respond appropriately to social cues
- Difficulty with authority, redirection, or criticism

Secondary School (Middle and High School) Children (11-18 years old)

- Anxiety, fear, and worry about the safety of oneself and others
- Changes in behavior
    - Decreased attention and/or concentration
    - Increase in activity level
    - Change in academic performance
    - Irritability with friends, teachers, and events
    - Angry outbursts and/or aggression
    - Withdrawal from others or events
    - Absenteeism
    - Increase in impulsivity, risk-taking behavior
- Discomfort with feelings
- Hyperarousal (e.g., tendency to get easily startled)

- Relational impacts (relational trauma)
    - Bullying and cyberbullying
    - Ostracism
    - Unhealthy peer pressure leading to risk-taking behaviors
    - Difficulty forming or maintaining healthy relationships
- Negative impact on issues of trust and perceptions of others
- Heightened difficulty with authority, redirection, or criticism

Adults

- Reduced energy and focus
- Diminished concentration and difficulty with decision-making
- Trouble regulating emotions
- Difficulty managing responses to students and caregivers
- Diminished capacity to maintain positive teacher-student and teacher-caregiver relationships
- Poor attendance or work performance
- Difficulty planning classroom activities and lessons
- Increased irritability or impatience with students and coworkers

The research is clear: trauma is prevalent and, if left unrecognized and unaddressed, can impact the ability of students to learn, teachers to teach, and members of a school community to form positive, supportive relationships with one another. The good news is that it is not necessary to know whether a student has experienced trauma or details about their experience in order to support their well-being, and this document does not suggest that school staff should routinely interview students regarding exposure to traumatic events. More information regarding screening can be found in Appendix C**.** Because how a child experiences a traumatic event and how they respond or react depends on a variety of factors, not all students who have experienced a potentially traumatic event will be negatively impacted or require additional supports or services. All students benefit from school-wide practices that foster healthy development and a positive school climate, such as consistent, predictable routines, clear expectations, nurturing relationships, and practices that enhance students' competencies to cope with stressors, whether or not they have experienced trauma.

> "My trauma-informed lens allows me to notice students: how they participate, when they are paying attention, and their energy level. Then I can implement planned structured regulation routines when I need to. Since I started noticing more, I have seen a shift in student engagement."
>
> -Missouri high school teacher

Principles of Trauma-Informed Care

The following principles have been adapted from those outlined in The Missouri Model: A Developmental Framework for Trauma-Informed,[7] which is based on principles developed by Dr. Roger Fallot and Dr. Maxine Harris,[8] pioneers in the field of trauma-informed care and informed by the principles of a trauma-informed approach outlined by the Substance Abuse and Mental Health Services Administration.[9]

Safety:

Promotes schools and school-related activities where staff and students are safe from both in-person violence, bullying, harassment, and substance use, and technology-facilitated violence such as cyberbullying and exploitation. Trauma-informed practices not only promote the physical safety of students and staff but also ensure safe interpersonal interactions that foster psychological and emotional safety.

Trustworthiness:

Fosters genuine relationships among staff, students, families, and the community by building trust through acting with honesty, integrity, reliability, and dependability. This includes understanding and responding to how explicit and implicit power dynamics affect the development of trusting relationships.

Collaboration:

Engages in shared responsibility and transparency throughout the decision-making process to minimize power differentials and uplift the voices of families and students. Recognizes that healing happens in relationships and that true collaboration ensures that all voices are valued and have an integral role to play in deciding what services are needed and how they are delivered.

Empowerment:

Adopts a strengths-based mindset that encourages self-efficacy, recognizes individual strengths, and supports the building of skills to help students and staff create meaningful pathways for healthy learning environments. This both recognizes the impact of past and current exposure to potentially traumatic events/experiences and seeks to respond to their ongoing impact on the school community.

Respect, Belonging & Connection:

Acknowledge that values and relationships are shaped by our backgrounds and lived experiences. All persons deserve the right to be treated fairly, to have equal opportunities for safety and success, and to be a part of a school community that values empathy, compassion, understanding, and respect for all students, staff, and families. All members of the school community must know that they matter and that they can make a positive impact on their community.

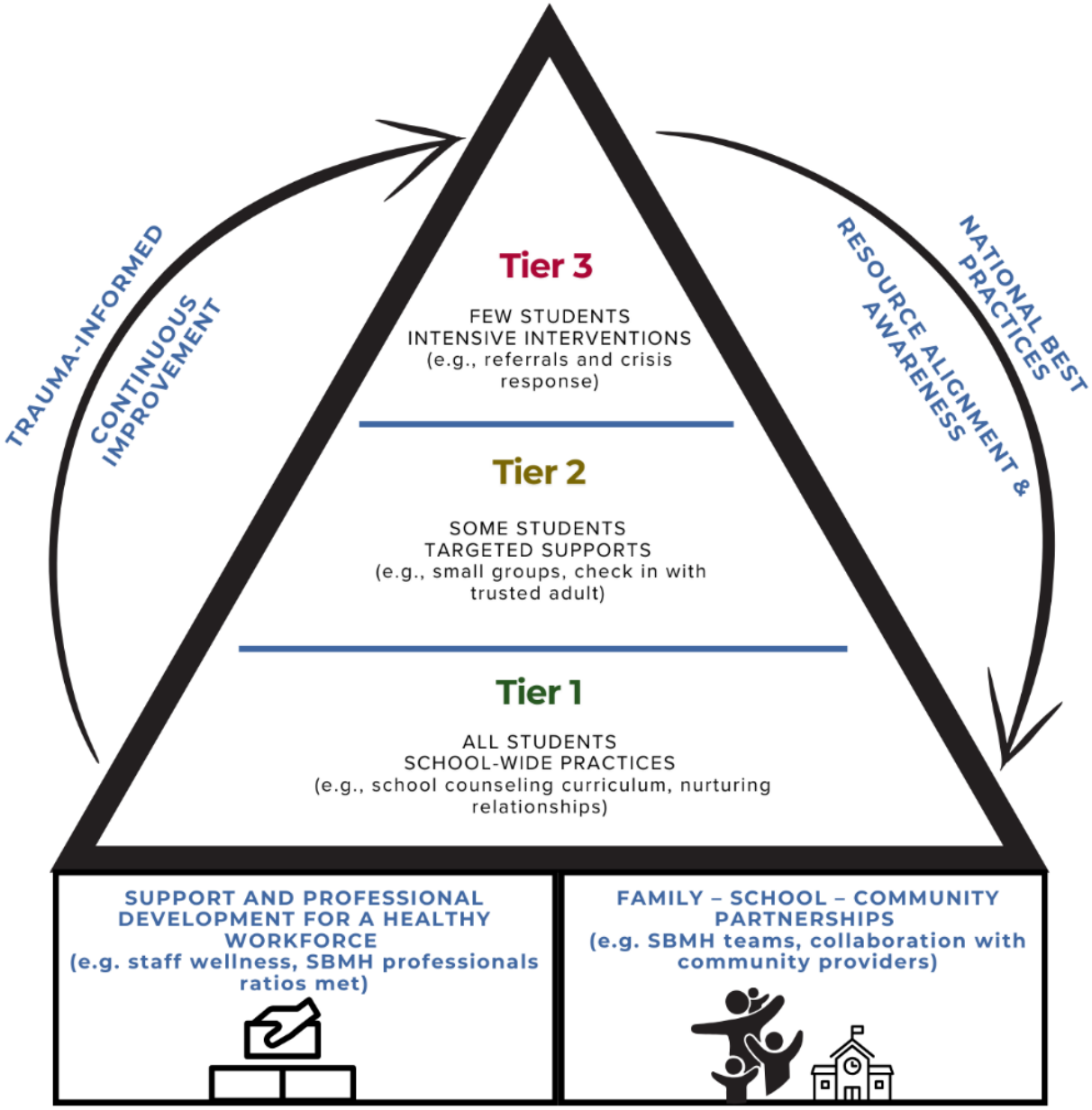
The Vision: A Trauma-Informed School Community

Schools play a vital role in preparing students to thrive as informed, skilled, and compassionate citizens in a dynamic world. Achieving this goal requires the intentional use of evidence-based practices that foster positive student outcomes. Among these, trauma-informed practices stand out as a powerful approach that can be seamlessly integrated within a well-structured multi-tiered system of support (MTSS). MTSS is a systematic framework that addresses the academic, emotional, behavioral, social, and physical needs of each student by establishing data-based learning and behavioral supports. These supports are identified, coordinated, and implemented with fidelity at the classroom, building, and district level. These differentiated learning and behavioral supports are based on student needs and rely on collaboration with parents/guardians and community partners to address barriers that impact student success.[10]

The Missouri Framework for School-Based Mental Health shown on the next page provides an example of a multi-tiered system of support built upon the foundation of a well-supported staff and effective family-school-community partnerships. Within this framework, tier 1 school-wide practices promote wellness among the entire student population by fostering healthy development and building students' competencies to cope with common stressors and circumstances. These supports are beneficial for all students and crucial for students who have experienced trauma and toxic stress. For students who might benefit from additional targeted supports, tier 2 interventions provide opportunities to develop mental health competencies. A few students with the greatest needs may receive more intensive (tier 3) interventions to support their healthy development and school success.

A trauma-informed school is a place where all students, families, communities, and educators come together to provide a safe and supportive space for children to learn and educators to work. It infuses the science of trauma and its impacts into daily practice, program design, policy creation and implementation, and the school's culture. A trauma-informed school has fundamentally changed the way it operates to promote healthy, resilient educators and learners capable of disrupting the cycle of trauma in their lives and communities and to enhance access to opportunity for all members of the school community**. All Missouri students deserve to have a school environment where they feel safe and experience healthy, supportive relationships that help mitigate the impact of trauma and toxic stress and increase their resilience.**

> "Teachers are becoming more aware of their own self-regulation, leading to more grounded responses to student behavioral challenges. Although this may look different dependent upon each individual teacher, the common language allows us to have more meaningful conversations around student behavior, including emotional and social challenges."
>
> – Missouri middle school teacher



The Missouri Framework for School-Based Mental Health[12] organizes core features of a comprehensive continuum of supports that schools can use to plan, implement, and continuously improve their work to promote the well-being of the school community and mitigate the impact of behavioral health challenges. This framework recognizes that each school community is unique and varies in size, geography, history, challenges, and resources. Trauma-informed approaches leverage local strengths and resources while connecting schools across the state in a common goal to support safe and healthy learning environments for all young people.

The Challenge: A School's Choice to Become Trauma Informed

Section 161.1050, RSMo requires school districts to provide the address of the Missouri Department of Elementary and Secondary Education's Trauma-Informed Schools Initiative website to all parents of the students in its district before October first of each school year. This website includes information for schools and parents regarding the trauma-informed approach and a guide for schools on how to become a trauma-informed school, which is a school that

- realizes the impact of trauma and understands potential paths for recovery;
- recognizes the signs and symptoms of trauma in students, teachers, and staff;
- responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
- seeks to actively resist retraumatization.

While there is no legislative requirement for schools in the state of Missouri to become trauma informed, trauma-informed practices are included within the Missouri School Improvement Program (MSIP), which focuses on continuous improvement for all schools, the preparation of each student for life beyond high school, and the promotion of practices that lead to healthy school systems. Specifically, Standard CC1, Indicator A considers whether "[t]he school system implements trauma-informed methodologies, implements youth suicide awareness and prevention practices, and provides responsive services based on student need and local context" as part of providing a safe and caring environment that supports teaching, learning, and student success.[10] Further, trauma-informed practices align with many other district requirements and procedures for multi-tiered systems of support, professional learning, school safety, collaborative climate and culture, and other initiatives related to health, including school-based mental health.

Deciding to embark on the journey to becoming trauma informed is an intentional choice that requires a long-term commitment. When making this decision, school communities should consider their self-identified needs, strengths, goals, and areas for improvement within their local context. Specifically, schools might consider a variety of factors that directly relate to trauma-informed practices, including school culture, academic performance, absences, and student discipline. Schools that have implemented trauma-informed practices have reported significant improvements in student engagement, attendance, and time on task in the classroom, as well as lower rates of office referrals related to student behavior and out-of-school suspensions.[11]

In Practice:
A school nurse follows the guiding principles of trauma-informed care in her health office by regularly asking students how they feel both physically and mentally, sometimes using a simple scale or feelings chart to help students assess and communicate about their own well-being. This routine check-in opens conversation with the students while reinforcing that mental health is health.

Key Considerations

Climate of Safety and Belonging

Schools are to be safe places for children to learn and for teachers to share knowledge and develop skills with all their students. Physical, emotional, and social safety are the foundation for a healthy culture where people feel respected and experience a sense of belonging. Safety is the precursor for belonging. Belonging really happens when there is trust. A trusting environment exists where people are accepted as they are, and there is an understanding of the backgrounds and challenges that everyone who walks into the school brings. A trusting environment promotes growth and learning for everyone, regardless of previous life experiences.

In Practice:
Proactive community-building practices such as adults greeting students by name as they enter the building and enter their classrooms, morning meetings, community circles, and intentional culture building help increase feelings of safety and belonging.

A Holistic Approach

It is necessary to consider the whole environment and community in which our students and staff live and learn. This includes the structures and systems within which we operate. A trauma-informed journey is embedded within all other programs, practices, and policies. Trauma-informed practices should not feel like another program to implement, but rather a fundamental shift in **how** programs are implemented. This applies to all aspects of the educational system, including instruction, parent engagement, staff well-being, and other related efforts, ensuring that all elements work cohesively. This alignment focuses on guiding adult practices that, in turn, create the conditions for all students to succeed.

A trauma-informed school will have

- a global understanding of the impact of trauma on students, families, staff, and communities, including how trauma impacts development and learning;
- trauma-informed principles and approaches that are embedded within all policies, procedures, and practices (not solely as stand-alone policy or information);
- student, family, staff, and community voices deeply integrated into all decision-making processes;
- a systemic approach to providing all students with a safe and supportive school environment;
- supports that ensure all students have access to the things they need for their holistic growth and development (including food, clothing, shelter, medical care, mental health resources, etc.); and

- appropriate training and resources for all staff to have the knowledge and skills to carry out trauma-informed practices and mitigate the impact of secondary trauma.

The Importance of School Staff Well-Being

A school that only addresses the impact of trauma on students without considering the health and well-being of their workforce may still struggle with staff burnout, turnover, and secondary trauma. It is important to recognize that school staff may bring their own history or current experiences of stress and trauma to their work, or experience trauma on the job—for example, being threatened or assaulted, or witnessing violence in school. Anyone who works directly with children and adolescents who have experienced trauma and toxic stress is vulnerable to the effects of secondary trauma or secondary traumatic stress— being physically, mentally, or emotionally worn out, or feeling overwhelmed by students' traumas. A 2025 study found that 92% of school personnel reported some level of secondary traumatic stress; 45% reported severe levels. This is a higher level of stress than is typically reported by emergency room nurses, mental health professionals, and social workers.[13]

> "A healthy workforce is a well-supported staff that includes every school employee in a school community, from teachers to custodians to school administrators. Caring for the health and well-being of school staff is fundamental to advancing wellness in our school communities."
>
> -The Missouri Framework for School-Based Mental Health[12]

The science around trauma is clear: the most powerful resource for young people is a supportive, unwavering relationship with a trusted adult.[14] For adults in schools to have both the necessary willingness and ability to be an unwavering support for **all** students, it is crucial to consider staff well-being and address the secondary trauma experienced by staff, not as an afterthought, but as a focal point of the trauma-informed journey.

School staff need more than just encouragement to use self-care strategies in their off time or to access Employee Assistance Program (EAP) services. It takes intentional effort and self-awareness from staff, as well as peer support and reflective supervision from leadership, to consistently promote staff well-being, which is necessary to effectively meet student needs.

Schools can promote an environment of community care that supports staff well-being more effectively by adopting systemic strategies that integrate trauma-informed principles into broader wellness initiatives. This includes not only responding after a traumatic event or during stressful times of the school year but also implementing a proactive and systematic approach to attuning to the needs of others in our school community throughout the year.

Considerations include

- staff onboarding that includes a foundational understanding of trauma-informed approaches, creates a common language, and sets clear expectations for staff;
- fostering a safe and supportive work environment, addressing needs for physical and psychological safety of staff;
- normalizing and prioritizing well-being through the incorporation of wellness strategies into strategic plans and school-wide daily practices, modeling from administrators, and supporting a healthy work-life balance;
- creating peer networks for staff to obtain support from one another and establishing reflective, trauma-informed supervision processes;
- allowing staff choice in classroom decisions, scheduling, professional development, etc., and limiting unnecessary meetings and non-instructional duties;
- ensuring transparent and trustworthy communication with staff occurs on a regular basis;
- developing or revising policies on workload, discipline, evaluation, etc., with a trauma-informed perspective and with shared decision-making processes;
- promoting anti-burnout structures, ensuring class sizes, planning periods, and resources align with staff needs; and
- building a culture of appreciation and community by reducing stigma around trauma and stress, recognizing achievements, celebrating small wins, and fostering belonging and team collaboration.

In Practice:
An elementary school developed a plan to provide coverage when teachers need to step out of their classroom for a few minutes to meet biological needs or to self-regulate in a calm space created just for staff members.

A principal has made staff well-being an intentional part of professional development throughout the school year. Time during each learning opportunity is devoted to discussing and practicing various coping strategies and voluntary opportunities are provided for staff members to have fun together outside of work. Each staff member is encouraged to reflect on and make a plan to support their own well-being, and the principal checks in with staff and offers individualized support resources as needed.

Self-Regulation, Discipline, and Accountability

"I started to see how my frustration was impacting how I responded to my students. Now I practice the self-awareness and regulation skills with my students, and we are both meeting our classroom expectations."

-Missouri high school teacher

A trauma-informed approach to behavior is a shift from the mindset of rewards and punishment towards a model of accountability, skill development, and internal regulation. This model considers the whole child,

their developmental needs, and how their lived experiences may impact their responses and abilities. When supportive adults commit to utilizing a trauma-informed approach and build a culture of collaboration with students, the environment better fosters growth and change. Accountability requires both adults and students to acknowledge the impact of their behavior and reflect upon the underlying needs and perceptions that may drive dysregulation. Adults must model the application of attunement skills, focusing on self-awareness to better support students' development of these skills.

An accountability model for classroom management and discipline employs preventive and in-the-moment behavioral supports, as well as restorative practices, to help individuals develop the skills they need to be successful in educational settings, the workforce, and beyond. By creating safe environments in which to learn and practice such skills, children will begin to demonstrate internal self-regulation skills rather than relying on adults to enforce external regulatory systems. Importantly, a trauma-informed approach to discipline does not seek to excuse behavior or lower expectations for students based on what has happened to them. Instead, a culture of accountability helps to continuously guide students to their next level of achievement and development through clear and consistent communication of boundaries and expectations, and the provision of academic and social supports necessary for their success.

In Practice:
Calm corners within the classroom provide students with a space to use coping strategies to aid in calming and self-regulation. A reset or refocus room is a place where a trusted adult assists students with regulating their emotions, regaining composure, and reflecting on their behavior so they can return to the classroom ready to learn.

Family, School, and Community Partnerships

Family and community engagement are essential to support the learning environment. Trauma-informed practices are strengthened by caregiver insight and participation, which in turn enhance student outcomes. Caregivers have valuable information and knowledge to share about their families and their students. True partnership with families means that schools find ways to engage with caregivers on their terms, listen to their constructive feedback, create a safe and welcoming environment, and value their input in the decision-making process.

In Practice:
A school district noticed that they had low parent-teacher conference attendance and through conversation with families, realized that families relying on public transportation were unable to attend events held after the buses stopped their routes for the day. The district now offers conference times both during the school day and in the evening, which additionally better accommodates parents working second shift hours.

There is not one single path to caregiver engagement. Schools can promote trauma-informed family-school collaboration by

- proactively building and maintaining trusting reciprocal relationships with families;
- recognizing when caregivers feel unsafe or unsupported in the school environment and actively repairing trust where it has been broken;
- considering caregivers' important, competing demands on their time and capacity to participate in the educational process;
- offering various, unique opportunities for meaningful participation and engagement; and
- demonstrating a commitment to collaboration and empowerment.

Community partners can play an essential role in addressing barriers to student success and in implementing an MTSS that meets each student's needs. Together, schools and community partners can help students and their families thrive by

- providing needed supports and services;
- strengthening decision-making processes; and
- keeping connected to shifts in the external landscape that may impact their work.

In Practice:
A school offers a family event focusing on well-being that includes activities for parents and students, an opportunity to connect with local resource providers, and presentations for parents on topics such as recognizing signs of potential mental health concerns and talking with their children about tough topics.

The Trauma-Informed Journey

The journey towards a trauma-informed school system is a cumulative, systemic process that must include continual reflection, evaluation, and advancement. It is an iterative process with the ongoing goal of continually improving your school community's capacity to serve and support your most vulnerable students and to create a safe, supportive environment where students can maximize their potential to learn and become their best selves.

To that end, it is important for schools to carefully consider using a measurement tool to establish a baseline understanding of existing practices and to frequently revisit and consistently monitor progress, making any necessary adjustments to policies and practices. This process should provide schools with objective outcomes that should be shared with administration, school boards, and other community partners.

In addition to the Trauma-Informed School Indicators outlined in this guide, there are several trauma-informed frameworks, toolkits, assessments, and validated evaluation tools that schools may wish to explore when discussing opportunities to track and measure their progress towards becoming a trauma-informed school. Though not exhaustive, the list of resources in Appendix D can assist schools in their journey towards trauma-informed practice.

Stages of the Missouri Model

The following Missouri Model stages have been adapted to the school environment.

Trauma Pre-Aware:
School environments lack the infrastructural support, leadership, guidance, and/or resources to initiate intentional knowledge-building on the prevalence, importance, and impact of trauma on school health and safety and student learning.

Trauma Aware:
Faculty and staff are aware of the prevalence of trauma, types of trauma, the systemic nature of underlying structural challenges to opportunity, and the impact that trauma and toxic stress can have on students, families, faculty, and staff.

Trauma Sensitive:
Schools are beginning to explore trauma-informed practices in their environments and daily work, as well as the issues that underlie structural challenges to opportunity. Leaders are developing a process for change and considering the implications such changes will have within the school community.

Trauma Responsive:
Trauma-informed principles and practices are becoming incorporated into the school's culture. Leaders and trauma-informed champions are intentional in addressing underlying structural challenges to opportunity. Program, practice, and policy changes are initiated throughout the school.

Trauma Informed:
Trauma Informed means that the school has made trauma-responsive practices the norm. Staff actively promote trauma-informed practices with all new staff and help families and students develop strategies for successful learning and positive behaviors. The school continuously evaluates and makes necessary changes based on the needs of the school community.

Getting Started

There are essential elements to consider before implementation to maximize the impact of a school's trauma-informed practices and policies and ensure successful implementation. These include:

Gauging the school's level of readiness for change and considering potential challenges in the areas of

- Motivation to implement a trauma-informed approach (exploring how staff perceives the need to address trauma and toxic stress, how feasible practices will be to implement, and the level of resistance to changing beliefs and practices)
- General capacity (reflecting on staffing, leadership, and infrastructure, including organizational climate and culture)
- Intervention-specific capacity (identifying resources and supports needed to build the knowledge and skills necessary to build and maintain a trauma-informed school)

Commitment from district leadership and building principals to

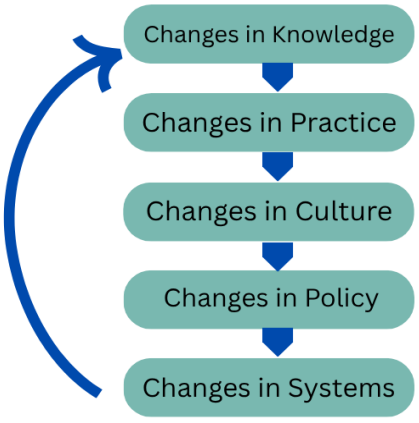
- Engage in appropriate training to understand the principles and practices that are core to being trauma informed
- Ensure that policies and procedures align with the trauma-informed principles
- Actively participate on a team of trauma-informed champions (these can be previously formed or newly created teams that engage in the work)
- Demonstrate and model trauma-informed practices through their interactions with others
- Conduct a baseline and periodic assessments to help determine a plan for ongoing progress

Use of collaborative decision-making, including

- Assuring the involvement of staff and faculty in the planning, learning, and implementation of trauma-informed practices
- Recruitment and participation of students and caregivers in the planning, learning, and implementation of trauma-informed practices
- Ensuring that the team of trauma-informed champions that guides the transformation process is comprised of members who represent all voices within the school community
- Consideration and/or identification of a preliminary set of measures to monitor progress and make adjustments in real time

Moving to Change

In all change processes, it is important to first understand your school's starting point. Reflection through both formal and informal processes on current knowledge, practices, and policies is essential for identifying where to begin making change. In most cases, it is essential to create widespread buy-in within the school. This can be done through efforts to increase knowledge about the problem and shift underlying beliefs and values. Doing so requires creating environments rooted in the trauma-informed principles that allow individuals to feel safe and brave enough to name and acknowledge beliefs with others. This shift in knowledge and beliefs can then begin to impact practices. Improved practices can shape culture and illuminate the most effective policy revisions, as well as the system's role in supporting or hindering progress. While there are times when policy changes may precede practice, it is important to make sure that changes to policy or systems are not made before stakeholders have provided input and staff have the tools and capacity to support those changes.



Steps to Becoming a Trauma-Informed School

The journey to becoming trauma informed is as unique as each school. There is no single definition or checklist that tells you that you have arrived, but there is a general process that most organizations find accelerates their work best. This process is ongoing, and it generally takes several years for a school to feel as though it has addressed all aspects of its practices, policies, and climate and culture. The following steps are recommendations for how to engage your school in becoming trauma informed:

Step 1: Trauma Aware

Administrators have committed to making their school/district trauma informed and have taken one or more of the following steps:

- Engaged in professional development
- Acknowledged the importance of reviewing policies and procedures to align with trauma-informed practices
- Begun using trauma-informed definitions and terminology

To build a common vocabulary, identify champions, and build readiness for subsequent changes, it is important to provide an introductory training to all faculty and staff within the building, including teachers, school-based mental health professionals, support staff, transportation, food services, administrators, etc. To cover all key topics, this will likely be a series of training sessions. This training includes:

- Current definitions
- Causes
- Prevalence
- Impact on learning, behaviors, and teaching
- Values
- Terminology
- Staff well-being
- Resources local or specific to schools

To move from Trauma Aware to Trauma Sensitive, leaders should consider how to translate the information into actionable changes within the school system.

Step 2: Trauma Sensitive

Schools start to explore the principles of trauma-informed care (safety; trustworthiness; collaboration; empowerment; and respect, belonging & connection) and how they apply to existing practices. Leaders conduct a systemic needs assessment to explore strengths and weaknesses and uncover underlying structural challenges within the school as they prepare for change. Students, parents, caregivers, communities supporting the school, and other key partners are engaged in understanding the journey and developing a shared vision of accountability.

Activities at this step may include:

- Choosing an existing team to focus on trauma informed school practices (i.e., the problem-solving, student support, or multi-tiered system of support teams) **or** creating a new team of trauma-informed champions to address trauma-informed practices for the school
- Ongoing professional development opportunities on topics related to toxic stress, trauma, and resilience
- Completing a school self-assessment that identifies existing strengths and needs related to how policies, practices, and environments assure the implementation of the principles, as well as components that have not yet been considered or addressed
- Identifying school and community resources for students, families, and staff who present with histories of or current traumas and stressors
- Including trauma-informed practices on the leadership meeting agenda
- Leadership and/or the team(s) engaged in implementing trauma-informed practices begin to examine
    - student and family involvement;
    - tools and processes for universal practices related to the impact of trauma; and
    - current school performance indicators used to measure the impact of the implemented changes and to assess additional desired outcome measures.

Step 3: Trauma Responsive

Schools begin to change existing practices and policies by implementing new ones that better support staff and students. These changes include addressing underlying structural challenges to opportunity. School leaders and trauma-informed champions team members begin integrating trauma-informed approaches into existing school programs (e.g., character education, restorative practices, response to intervention, positive behavior support, etc.). If a school is currently implementing MTSS with integrity and fidelity, it can easily infuse trauma-informed practices into its overall MTSS framework without having to do this work across individual programs. Individual staff members are beginning to clearly demonstrate changes in their actions and behaviors.

Activities at this step may include:

- Addressing staff well-being by recognizing and providing support for staff trauma and stress
- Integrating the principles into the school's environmental, fiscal, and performance reviews
- Developing a process for using universal practices
- Collaborating with community partners to integrate trauma-informed practices when completing individual student screening, assessment, and referral to intervention
- Assuring that staff demonstrate an understanding of how social determinants of health impact learning and behavior for students and families
- Engaging key community partners such as public health departments, behavioral health providers, and other social service agencies
- Implementing measurement of student and staff outcomes.

Step 4: Trauma Informed

Schools see positive results from the changes they have implemented. The trauma-informed champions team continues to seek new opportunities for improvement and pursue emerging best practices and scientific findings related to trauma and resilience. All staff in the building demonstrate practices that reflect the needs of all students. Underlying structural challenges to opportunity are addressed. Data is used to drive decision-making. Schools work closely and responsively with parents and community members to meet the evolving needs of students and staff. The model has become so thoroughly embedded that it no longer depends on a few leaders. Schools recognize that trauma informed is an ongoing process.

Activities at this step may include:

- Ongoing measurement to ensure the sustainability of trauma-informed practices
- Staff performance management and evaluation include trauma-informed measures
- Practices to ensure staff well-being are routinely encouraged and practiced
- Trauma-informed principles and practices are reflected in the school's values
- Staff are advocates and champions of their community becoming trauma informed
- Creating a process to sustain trauma-informed practices regardless of changes in leadership and staffing

Conclusion and Call to Action

As you explore the unique trauma-informed needs of your school environment, our hope is that you embrace this guide not as a checklist to complete, but as a catalyst for meaningful conversation and growth. The concepts within are designed to spark curiosity, reflection, and collaboration—not to prescribe a one-size-fits-all solution.

Trauma-informed practices thrive in environments where relationships matter. The connections you've built within your school community are the foundation for fostering safety, trust, and empowerment. These approaches require ongoing adaptation, thoughtful reflection, and a shared commitment to supporting every member of your school—students, staff, and families alike.

We recognize that starting this journey may feel overwhelming. That's why the indicators in this guide are offered as a springboard for developing your building's unique trauma-informed action plan. Begin with one area. Focus your energy. Celebrate small wins. Learn from challenges. And most importantly, be patient—with yourself, your team, and the process.

As your community continues to grow and evolve, so too should your approach. Revisit your plan regularly. Reflect. Revise. Recommit. Together, Missouri schools and communities can create school cultures where every individual feels seen, supported, valued, and safe.

Trauma-Informed School Indicators

How to Use Trauma-Informed School Indicators

Schools that embrace trauma-informed systems engage in continuous self-reflection and understand that becoming trauma informed is a journey, not a destination. It takes intentional commitment and dedication to become a school system "in which all teachers, school administrators, staff, students, families, and community members recognize and respond to the behavioral, emotional, relational, and academic impact of traumatic stress on those within the school system."[15]

This document may serve as a guide on your journey. The indicators that follow provide a path to becoming trauma informed, with the recognition that the journey is not linear and that there is no single roadmap or checklist to complete. There is no specific order in which these indicators must be addressed, and many schools will find that they achieve aspects of higher stages before completing indicators at lower stages. All indicators are designed to support the implementation and success of each other. Schools should consider which indicators align with current priorities when determining where to begin and view the indicators as milestones for creating specific actions that align with their culture and needs, while working towards addressing all of them during their journey. Categories of related indicators addressed in this document include:

- Shared Understanding and Education/Professional Development
    - Staff Understanding of Trauma
    - Staff Supports
    - Student Education and Supports
- Shared Leadership and Partnerships
    - Staff Leadership Opportunities
    - Student Involvement and Leadership
    - Family Engagement
    - Community Partnerships
- Systemic Policies and Practices
    - Human Resources and Supervision Practices
    - Safety and Trust
    - Discipline Practices and Policies
    - Curriculum Design
- Ongoing Evaluation and Continuous Improvement

The goal of these indicators is to help school leaders understand hallmarks of the trauma-informed process, but they are not an exhaustive or comprehensive list. The Missouri Model for Trauma-Informed acknowledges the importance of understanding the unique perspective and lived experience–the "lens" through which one sees their world–when responding to the subjective nature of trauma within an individual and throughout a community.

Indicators Related to Shared Understanding and Education/Professional Development

Staff Understanding of Trauma

School leadership and staff demonstrate an understanding of the impact and prevalence of trauma in daily practice. This includes all staff roles and positions including but not limited to teachers, school-based mental health professionals, support staff, food service, transportation, administrators, etc.

Stage 0: Pre-Trauma Aware	**Stage 1: Trauma Aware**	**Stage 2: Trauma Sensitive**	**Stage 3: Trauma Responsive**	**Stage 4: Trauma Informed**
Leadership and staff are unable to identify the impact and prevalence of trauma.	Staff members can articulate basic information about the impact and prevalence of trauma. All staff have received a standardized training on trauma and trauma- informed schools.	Staff show signs of understanding information about trauma, referencing it informally. Staff begin to understand the importance of addressing their own stress and trauma.	Staff begin to change their approach to instruction and discipline to better reflect the impact of stress and trauma. Staff begin to proactively work to strengthen their own regulation and the regulation of their students.	All staff respond to students and one another in a way that reflects the science of trauma. Staff members routinely share new information and innovative ideas to meet the changing needs of students. Trauma-informed responses are embedded within the organization.

Staff Supports

Staff have access to needed supports including coaching, consultation, and meaningful professional development; benefits that support their health and well-being; necessary materials and resources; and administrative support in prioritizing self-care by creating a culture of community care.

Stage 0: Pre-Trauma Aware	Stage 1: Trauma Aware	Stage 2: Trauma Sensitive	Stage 3: Trauma Responsive	Stage 4: Trauma Informed
Practices and policies lead to a culture of burnout. Educators are routinely under-resourced in both materials and support. Performance feedback focuses solely on areas of underperformance without guidance or support to move towards skill development. Staff are not considered when identifying where supports and access to additional skills are needed.	Leadership demonstrates understanding of the importance of staff well-being and how preventative approaches may address the impact of secondary trauma. Staff are routinely provided information about benefits and open discussions are facilitated related to the application of these resources to normalize the use of such resources. Informal practices exist for all staff to meet their own needs for healing and well-being while considering their peers, students, and families may also have such needs.	Opportunities for peer mentoring or coaching are made available, and a culture of support is cultivated amongst staff. Leaders model using their trauma lens with staff by leading with curiosity instead of judgment. Staff voice and choice are encouraged through opportunities to provide feedback related to the identification of gaps within benefits. Staff and leadership collaborate to determine professional development opportunities that directly align with their needs.	Policies are developed that actively support staff in accessing needed help, and a process for support is clearly identified and communicated. A specific process is created to review these policies regularly, with feedback from all staff. Resources are allocated to enhance benefits as needed to ensure staff well-being is met preventatively to positively impact staff retention. Staff voice and choice are elevated to drive policy development that helps to support self-awareness and the use of accessible staff resources.	Ongoing quality, on-site, and real-time coaching and reflective supervision are available to all staff. Comprehensive benefits, including preventative care, for employees and their families are provided. Benefits have full parity for behavioral health services. Policies and practices that support well-being are formally adopted and encouraged. A culture of community care is evident and filters over into interactions with students and families.

Student Education and Supports

Students are given developmentally appropriate information about stress, trauma, and emotional/behavioral regulation and opportunities to develop new coping tools.

Stage 0: Pre-Trauma Aware	Stage 1: Trauma Aware	Stage 2: Trauma Sensitive	Stage 3: Trauma Responsive	Stage 4: Trauma Informed
No instruction is provided to students about stress, trauma, or regulation. No proactive strategies are in place to support regulation.	Some staff use practices that aim to increase the capacity of students to cope and remain regulated. Informal or one-on-one education may be done on the impact of stress and trauma on individual students.	Students are given some intentional instruction about stress, trauma, and regulation. There are universal practices in place that teach students healthy, sustainable coping tools and allow them to practice those in the educational environment. Students are given access to materials and spaces that help them increase their regulation capacity.	Standardized instruction is provided to all students about stress and trauma, and a robust set of coping tools is routinely referenced. Students are engaged as peer educators and help to lead supportive practices.	Educators and staff use their knowledge of stress, trauma, and regulation to attune to individual student needs in a proactive manner. All educators and staff prioritize connection, relationships, and a sense of belonging to the school community. Both formal and informal practices routinely demonstrate an understanding of the need for and the process of increasing regulation. Schools act as leaders to their community partners in education about trauma and the promotion of regulation strategies.

Indicators Related to Shared Leadership and Partnerships

Staff Leadership Opportunities

Staff are supported in pursuing their own professional growth and development and have access to meaningful leadership opportunities.

Stage 0: Pre-Trauma Aware	Stage 1: Trauma Aware	Stage 2: Trauma Sensitive	Stage 3: Trauma Responsive	Stage 4: Trauma Informed
Leadership is strictly "top-down." Little freedom is given to educators in customizing curriculum content or classroom practices. There is a lack of support and resources from leadership to address the non-academic needs of students.	Staff input is inconsistently considered by leadership, and only when requested. Staff innovation is allowed within specified parameters and with oversight from leadership.	A variety of school staff are included in informal leadership decision-making processes. Teachers and staff are routinely asked to share promising practices with one another.	Formalized decision-making processes include a variety of school staff and leaders and are adequately resourced and supported. Policies and procedures are written to allow for individualized student supports. Leadership provides continuing personal and professional development opportunities for all staff to support innovation, improvement, and systemic implementation.	Representation of all staff is included in all decision-making processes. Procedures and practices incentivize and reward innovation. Quality, responsive professional and personal development opportunities are based on continuous systemic needs assessment.

Student Involvement and Leadership

Students are given meaningful and developmentally appropriate leadership and decision-making opportunities, particularly around issues that directly impact their experiences and education.

Stage 0: Pre-Trauma Aware	Stage 1: Trauma Aware	Stage 2: Trauma Sensitive	Stage 3: Trauma Responsive	Stage 4: Trauma Informed
Student voice is not included in decision-making. Extremely limited choices are given to students regarding their education.	Student voice is informally acknowledged in decision-making, including regarding discipline. Some students, on an individual basis, are given a choice in how to demonstrate academic proficiency. Administrators seek some student input on decisions that impact them.	Opportunities to integrate student voice into leadership, discipline, instruction, and student support activities are explored and considered.	Policies are enacted that support student voice. Formal student leadership opportunities are established and supported and are given a place in formal decision-making processes.	Policies and practices embed student voice in the decision-making process. Student voice is promoted and respected and is equally representative of the entire student body. All students are able to individualize their learning and assessment to meet their needs. As appropriate, students are included in the highest levels of decision-making, including around budgeting and school priorities.

Family Engagement

Schools actively, appropriately, and meaningfully engage parents and caregivers in educational opportunities and decision making at all levels.

Stage 0: Pre-Trauma Aware	Stage 1: Trauma Aware	Stage 2: Trauma Sensitive	Stage 3: Trauma Responsive	Stage 4: Trauma Informed
Little interaction with parents and caregivers beyond discipline. Meeting times and communication strategies do not accommodate parents and caregivers with nontraditional schedules and divergent communication resources.	Staff and leadership demonstrate an understanding of the impact of intergenerational trauma and resilience, as well as current adversity on parents and caregivers, and how that affects relationships.	Staff identify opportunities to build relationships with parents and caregivers. School identifies meaningful roles and opportunities for engagement with parents and caregivers within the school setting.	School programs offer information and tools to parents and caregivers about stress, trauma, and resilience. Parents and caregivers are actively engaged in the trauma-informed champions team and other leadership groups. Schools actively seek and respond to feedback from parents and caregivers.	Parents and caregivers are actively engaged in decision-making. Routine, positive, informal and formal communication happens between staff and families.

Community Partnerships

Schools actively, appropriately, and meaningfully partner with community organizations to meet the needs of students and staff.

Stage 0: Pre-Trauma Aware	Stage 1: Trauma Aware	Stage 2: Trauma Sensitive	Stage 3: Trauma Responsive	Stage 4: Trauma Informed
There is little coordination of community partners working in the school setting. No formalized evaluation process is used to track community partnerships. No formalized data collection and outcome tracking processes are in place to assess outcomes and the success of community partnerships.	Schools understand clearly the role of all community partners working in or with their school. Schools begin to actively identify gaps in services and seek out appropriate partners.	Schools create specific and data-driven outcome expectations for all community partners. School staff, including teachers, regularly communicate and collaborate with community partners. Schools and community partners collaboratively explore external funding for trauma-informed initiatives as needed.	Community partners are embedded into the school and have clear expectations for communication and success. Community partners regularly share disaggregated data on the impacts of their services. Schools and community partners collaboratively apply for external funding for trauma-informed initiatives as needed.	Clearly articulated partnerships with community partners actively support the trauma-informed process. Schools have a long-term and sustainable plan for maintaining partnerships and funding for external supports. Schools and community partners collaboratively secure funding for trauma-informed initiatives as needed.

Indicators Related to Systemic Policies and Practices

Safety and Trust

Practices protect the physical safety of students and staff and ensure safe interpersonal interactions that promote a sense of psychological and emotional safety.

Stage 0: Pre-Trauma Aware	Stage 1: Trauma Aware	Stage 2: Trauma Sensitive	Stage 3: Trauma Responsive	Stage 4: Trauma Informed
The different safety needs for students, faculty, and staff are not considered in policy or practice. This may be due to a lack of knowledge around physical, emotional, or social safety. Trauma-informed considerations for conducting safety drills are not considered. Opportunities to learn and talk about ways to improve safety are not provided. School leaders do not provide timely and comprehensive updates to staff, families, or key	Leaders, faculty, and staff understand what is meant by physical, emotional, and social safety, and why and how they impact the school environment. Acknowledgment that safety drills may be triggering to students and staff who have experienced trauma, and that current practices should be reviewed through a trauma-informed lens. Leaders, faculty, and staff are aware of the many ways that people may have had unsafe	A trauma-informed champions team may be established. The team includes teachers, staff, parents, students (if age appropriate), and other key community partners. Staff, students, families, and community partners are involved in reviewing procedures related to safety drills. The team designs or adapts an orientation, with expert input, that includes trauma-informed safety practices and clearly defines expectations around meeting safety needs. Leaders make sure the training is provided to all staff	Experience surveys that include safety and trust measures are provided to faculty, staff, students, parents, and key community partners. Results from the surveys are shared with all staff and used in collaboration with staff to create continuous improvement plans. Staff are informed, and students are prepared prior to safety drills. Programs, training, and practices are in place to ensure prompt responses to incidents that compromise safety. Examples include, but are not limited to, violence prevention	All decisions are made using a safety and trust lens with the goal of making sure that everyone is informed about policies and practices and has a voice in the school's environment. Fidelity of implementation of trauma-informed safety drill procedures is examined, and additional needs are considered and modified as necessary. Budget items that promote safety are funded. Staff, faculty, students, parents, and caregivers are invited to submit

community partners. Faculty, staff, parents, and students are not invited to participate in change processes.	experiences (e.g., cyberbullying, verbal or physical abuse, violence in the home or community) and how those experiences may impact their relationships with each other. Leaders, faculty, and staff learn ways to support people who have experienced trauma by using trust-building practices for themselves and their students.	and expectations are followed. Continuous learning about safety and trust is included in the school's professional development schedule. Specialized and comprehensive training is provided to the champion team and leaders who are assigned to promote becoming trauma informed. Safety and trust measures are either developed or selected to make sure that the work to become trauma informed is making a positive difference in the school.	programs, anti-bullying training for students, social media training, restorative justice practices, crisis intervention, debriefing, etc. Where applicable, a student advisory group is formed for the purposes of addressing safety and building trust. Student input is valued, and their recommendations are incorporated into the school's policies and practices. Students are trained in leadership principles, trauma, resilience, and trauma and resilience practices. Trauma science is incorporated into appropriate lesson plans, as outlined in the indicator on Curriculum Design.	their ideas for the budget. Communication plans explain funding decisions. Regular reports that include key measures are accessible to all community members. Fun and educational activities that promote safety and trust are held throughout the year. School leaders employ a continuous improvement mindset for safety and trust-building.

Discipline Practices and Policies

Discipline practices and policies support restoring and repairing community: addressing the unmet, underlying needs driving behavior; exercising compassion; and creating a culture of support, growth, and accountability.

Stage 0: Pre-Trauma Aware	Stage 1: Trauma Aware	Stage 2: Trauma Sensitive	Stage 3: Trauma Responsive	Stage 4: Trauma Informed
Punitive discipline practices focus on addressing the presenting behavior. Discipline practices routinely disconnect students from instruction. Disciplinary actions and policy view standardized rewards and punishments as the means to achieve compliance. Before taking action, both parties of an incident are not asked about their ideal disciplinary outcomes or what actions would restore the community connection.	The cause or purpose behind behavior and the individualized needs and abilities of each student are occasionally considered in discipline conversations. Informal or sporadic community-building efforts take place in classrooms to create a safe space and trusting, healthy relationships. School staff and leadership demonstrate an understanding that disciplinary practices should aim to increase a student's capacity of regulation and success. Discipline data is reviewed.	Disciplinary action, when necessary, seeks to address the emotional, cognitive, and social/relational needs that motivate behavior. Schools identify the supports they need to reduce or eliminate suspensions and other punitive discipline practices. Intentional community-building practices are routinely used in classrooms and other school spaces. Discipline policies are reviewed, and parent and student feedback regarding discipline policies	Consequences for student misbehaviors are linked to opportunities for growth and repair within their community. Resources are allocated to support the shift from an incentive-based disciplinary model based on rewards and punishments to one of accountability and responsiveness to developmental needs. Strong sense of community exists amongst staff and students. Parent and student voices are incorporated into the discipline policy revision process.	Fully restorative model of discipline. Disciplinary action and accountability practices actively support the connection to instruction for all students. Suspension is exceedingly rare. Parent and student voices are formally implemented into disciplinary policies and practices and are routinely included in communications regarding school discipline. No discernable discrepancy in suspension or discipline rates among different groups.

		is invited and considered. Review of discipline data and practices includes a comparison of data for different groups.	Interventions aimed at correcting the inconsistent implementation of disciplinary actions are utilized.	

Human Resources and Supervision Practices

Human resources and supervision practices, including hiring, performance evaluation, and employment transitions, reflect the principles of trauma-informed care.

Stage 0: Pre-Trauma Aware	Stage 1: Trauma Aware	Stage 2: Trauma Sensitive	Stage 3: Trauma Responsive	Stage 4: Trauma Informed
No consideration for the principles of trauma-informed care is present.	Informal inclusion of questions related to trauma-informed care is present in the hiring process.	Standardized interview questions reflect the principles of trauma-informed care. Collaborative identification of improvement areas during performance review. Performance review standards are improved to better reflect the trauma-informed principles and a focus on relationships and culture.	Policies and practices related to hiring, performance management, and transitions are revised to reflect the principles of trauma-informed care. Hiring process values collaboration among a variety of decision-makers, such as parents, students, staff, and faculty. Exit interviews include standardized questions related to trauma-informed care, with particular attention to the role of the school in supporting staff well-being.	Principles of trauma-informed care are embedded in the hiring process, including in job postings and interview questions. The impact of trauma and stress is routinely discussed and addressed in performance management. Employee transitions are handled with clear communication, and transition plans are in place. Opportunities are made available to staff and students to discuss and process transitions.

Curriculum Design

Trauma-informed principles are incorporated into core academic curriculum.

Stage 0: Pre-Trauma Aware	Stage 1: Trauma Aware	Stage 2: Trauma Sensitive	Stage 3: Trauma Responsive	Stage 4: Trauma Informed
No consideration is given to the trauma-informed process within the curriculum design process. The impact of trauma on learning, problem-solving, and critical thinking is not considered.	Individual teachers, on occasion, include information in the classroom setting. Some teachers and leaders reflect upon the current ability to critically teach about all forms of trauma throughout the curricula.	Multiple subject areas begin to embed a trauma-informed approach into the methods and content of Instruction. Information about trauma is provided separately during designated instructional time. Teachers routinely infuse interpersonal and intrapersonal skills practice into all areas of the curriculum.	Core and elective courses have written and specific ways to include and support the trauma-informed process. Cohesive, shared language about trauma and resilience is used across schools and districts. Curriculum intentionally includes skill acquisition in the areas of learning, problem-solving, and critical thinking, unique to the individual student's developmental level.	Information about trauma, resilience, and well-being is fully embedded into curriculum, both formally and informally. Specific policies are in place for the integration of new curriculum to ensure continued connection to the trauma-informed process.

Ongoing Evaluation and Continuous Improvement

Continuous Quality Improvement

Schools have a system in place to continually evaluate and improve policies, procedures, and practices to ensure alignment with the principles of trauma-informed care.

Stage 0: Pre-Trauma Aware	Stage 1: Trauma Aware	Stage 2: Trauma Sensitive	Stage 3: Trauma Responsive	Stage 4: Trauma Informed
No policies/ procedures are in place to support continuous quality improvement. Trauma-informed principles are not considered when developing and/or implementing policies and procedures.	A team of initial trauma-informed champions is identified to address policy and procedure development and review processes. A cohesive definition of success is developed in partnership with staff and community partners. Key metrics are identified to measure progress and impact.	Policies and procedures begin to be reviewed and revised. Additional staff voices are added to the conversation when evaluating the effectiveness of implementation of policies and procedures, as needed. Staff are familiar with policies and procedures. Information about key metrics is shared with staff and is readily accessible for review.	Nearly all existing policies and procedures have been evaluated through the principles of trauma-informed care. The policy and procedure revision process is formalized, with intentional focus on prompting opportunities for a wide variety of partners to provide feedback. Data on metrics is shared with staff and used to guide the policy revision process. Metrics are reviewed on an annual basis to determine any needed adjustments to	A comprehensive process is formally adopted to address policies that include specific standards for the time of review and required participants. Open data sharing with community partners, including disaggregated data, happens routinely. Community is continually involved to identify standards of success.

			policies and procedures. Policies and procedures are shared with community partners through multiple delivery methods to enable partners to become more familiar with them.	

Appendix A: Frequently Asked Questions

Q: How do I know if my school is trauma informed? We have had a training on trauma … is that enough?

A: While training about trauma is crucial to building understanding and awareness, an important early step to the organizational change process, a trauma-informed school is not simply a school where staff know about trauma. Rather, it is one where universal approaches to address practice, program, policy, climate, and culture are ongoing and focused on the journey. Learn more about the characteristics of a trauma-informed school in "A Holistic Approach" and the stages of the Missouri Model in "The Trauma-Informed Journey."

Q: Do trauma-informed practices excuse behavior and allow students to act inappropriately because something happened to them?

A: Understanding the potential impacts of trauma helps us to understand behavior, not excuse it. In a safe and supportive, trauma-informed school it's important to have clear expectations and systems to repair relationships and culture when behavior challenges it. This means that while there are still consequences for behavior, the approach is different if they may be the result of trauma. By using the "lens of trauma" to understand behavior, we can better understand how to support students by meeting their underlying needs. This represents a shift away from punishment and toward natural consequences and learning new skills. Further, a trauma-informed school does not lower its expectations, behaviorally or otherwise, for students impacted by trauma. See "Self-Regulation, Discipline, and Accountability" and the "Discipline Practices and Policies" indicator for more information.

Q: What if we don't have students who've experienced Adverse Childhood Experiences (ACEs) at our school?

A: Trauma-informed practice focuses on how the brain and nervous system respond to stress and increasing resilience for all students, whether or not they have experienced ACEs. Toxic stress is a common experience for adults and children in the United States, encompassing many more challenges than the items included in the ACEs study. Ninety percent of adults report exposure to at least one traumatic event, and more than two-thirds of children report at least one traumatic event by age 16. Even young children experience adversity and toxic stress, with 26% having witnessed or experienced a traumatic event before age 4. While there are factors that can magnify exposure to or the impact of trauma, trauma affects all communities and populations. Examples of other potentially traumatic events and adversities that can lead to toxic stress are available in "Understanding the Impact of Trauma."

Q: Does trauma-informed work add more things for teachers and other school staff to do?

A: Beginning the journey to becoming trauma informed will require the commitment and understanding of all staff in a building as it is not a separate program to implement. Trauma-informed practice is not a checklist of things to do; it is more about how to approach what you do. It's a mindset shift from "What's wrong with you?" to wondering "What happened to you?" and considering "What does your

brain need to feel safe, capable, and connected so you are able to learn?" In the longer term, implementing a trauma-informed approach should improve existing programs and practices, replace those that no longer serve students' needs, and create an environment in which it is ultimately easier and healthier to educate. More information about how trauma-informed practice aligns with other best practices can be found in "The Vision: A Trauma-Informed School Community," "The Challenge: A School's Choice to Become Trauma Informed," and "Key Considerations."

Q: Do I have responsibilities with trauma-informed practice if I'm not a mental health professional?
A: All adults in the school community can play a role in supporting students who may have experienced trauma and toxic stress. This does not mean that teachers or other staff members need to do the work of professional therapists, but it recognizes that the positive impact of building strong, stable, and nurturing relationships with students is a vital component of a trauma-informed school community. You don't have to be a therapist to be therapeutic and help students develop resilience. Read more about what all staff members can do to create a positive school climate in the "Impact," "Principles of Trauma-Informed Care," and "Key Considerations" sections.

Q: Are trauma-informed practices just about our students?
A: The well-being of the adults in our school community is just as essential to the trauma-informed process as our interactions with students. When we consider the well-being of our staff, we create safe environments that foster a sense of connectedness and mutual respect, which can decrease staff burnout. Such environments are necessary when co-regulation skills are needed to support students. Without an intentional focus on staff well-being, attempts to implement more trauma-informed practices with students will likely face major barriers. When the lens of trauma is fully embedded in a school, it will influence every aspect of the organization, including family engagement and community partnership approaches that help adults come together to create supportive environments. See "Key Considerations" for more information about each of these groups.

Q: Do we need to know about the trauma a student has experienced to successfully support them?
A: It is not necessary to know details about a student's traumatic experiences or even whether they have been exposed to trauma or toxic stress. Being trauma informed is a mindset with which educators approach all children. The relationships we build with students foster a sense of belonging essential for all students, and the positive daily interactions we have with them can be considered interventions. The sections on "Understanding the Impact of Trauma," "The Vision: A Trauma-Informed School Community," and "Self-Regulation, Discipline, and Accountability" provide more information on universal school-wide practices benefiting all students.

Q: If I'm doing this on my own in my classroom, is it going to make a difference (even if the whole school isn't on board)?
A: Yes! A single, consistent, caring adult can profoundly impact a child's resilience, mental health, and long-term success. Positive Childhood Experiences (experiences or relationships that foster safe, supportive environments, such as a sense of belonging in school, positive relationships with adults

outside the family, and positive peer friendships) are correlated with greater academic achievement and engagement in school as well as other benefits. Your trauma-informed classroom practices, which ensure safety, build trust and belonging, offer choices, and promote collaboration, empower your students to be successful even if the whole school isn't on board. When your students are achieving their academic goals and managing their behavior, everyone will want to know your secret. You are helping your students develop life-long resiliency habits. The indicators on "Student Education and Supports" and "Curriculum Design" outline some practices that can be implemented at the classroom level.

Q: It seems like there is so much to do. How do we know where to start?

A: Helpful first steps include understanding your school's starting point and reflecting on your school's readiness for change, including motivation and capacity for implementing trauma-informed practices. The "Getting Started" section provides some tips to consider for successful implementation. The "Trauma-Informed School Indicators" may help you determine where you currently are in your trauma-informed journey, as well as potential next steps that align with your school community's goals.

Appendix B: Key Terms

Multi-Tiered System of Support (MTSS): A framework designed to help schools identify and address the academic, emotional, behavioral, social, and physical needs of each student. MTSS is a proactive and evidence-based approach that focuses on delivering high-quality instruction and intervention to ensure every student has the opportunity to succeed. The MTSS model supports all students, not just those with identified needs, through a tiered system of universal practices, targeted supports, and intensive interventions.

Resilience: The process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands. Multiple factors contribute to how well people adapt to adversity, including how individuals view and engage with the world, the availability and quality of social resources, and specific coping strategies.

Retraumatization: Occurs when a situation, interaction, or environment replicates the events or dynamics of the original traumatic event, thereby activating the overwhelming feelings and reactions associated with it.

Secondary Trauma: A trauma response to hearing about or witnessing another person's traumatic experience. Sometimes referred to as vicarious trauma or compassion fatigue, this occurs when prolonged exposure to and empathic engagement with the suffering of others causes changes in one's perspective and well-being.

Trauma: The lasting psychological, emotional, physical, and/or spiritual distress that results when an individual, group, or community experiences events or conditions that overwhelm their capacity to cope, integrate, or feel safe. It is not solely defined by the event itself, but by the ongoing effects it has on a person’s or collective’s sense of self, safety, control, and connection.

Trauma exists across multiple layers of experience:

- Acute Trauma - a single event like a car accident, sudden grief, or a natural disaster.
- Chronic Trauma - repeated events like chronic illness, bullying, or living in poverty.
- Complex Trauma - exposure to varied and multiple traumatic events or events of an invasive, interpersonal nature; usually occurs during childhood or adolescence within the context of a child's relationships.
- Interpersonal Trauma - traumatic events that occur between people in a relationship, such as spouses or parents and their children; includes physical and sexual abuse, sexual assault, domestic violence, and elder abuse.
- Community Trauma- arises from widespread experiences of violence, poverty, crime, natural disasters, or disinvestment that affect entire neighborhoods or groups, often leading to collective fear, grief, and mistrust.

- Systemic and Structural Traumas- forms of trauma embedded in policies, practices, and institutions, often persisting over generations and across populations.

Trauma-Informed Care/Trauma-Informed Approach: A program, organization, or system that is trauma informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices that seek to actively resist retraumatization.

Toxic Stress: Serious and prolonged stress response due to a challenging situation or adversity. The effects of an extended stress response can harm the structure and function of the developing brain, with lifelong impacts on learning, memory, and emotional regulation.

Appendix C: Measuring and Tracking Progress

In addition to the Trauma-Informed School Indicators outlined in this guide, there are several trauma-informed frameworks, toolkits, assessments, and validated evaluation tools that schools may wish to explore when discussing opportunities to track and measure their progress towards becoming a trauma-informed school. Though not exhaustive, the list below can assist schools in their journey towards trauma informed.

Attitudes Related to Trauma-Informed Care (ARTIC) Scale, Traumatic Stress Institute.

Creating, Supporting, and Sustaining Trauma-Informed Schools: A System Framework, National Child Traumatic Stress Network.

The Missouri Model: A Developmental Framework for Trauma-Informed, Missouri Roundtable for Trauma-Informed Care.

Trauma Informed Culture Assessment (TICA), Resilience Builders.

Trauma Responsive Schools Implementation Assessment (TRS-IA), National Center for School Mental Health and National Child Traumatic Stress Network Treatment and Services Adaptation Center for Resilience, Hope, and Wellness in Schools.

*Please note- While it is the recommendation of both the Missouri Department of Elementary and Secondary Education and the Missouri Roundtable for Trauma-Informed Care to use carefully selected measurement tools to monitor, track, and support a school's progress towards trauma-informed practice, interviewing individual students to gauge or measure their own exposure to traumatic events should be done with extreme caution and only on a need-to-know basis. In fact, individual trauma exposure screenings should only be completed by highly trained mental health professionals, using validated assessment tools, in carefully contained therapeutic environments. Therefore, it is outside of the scope of this document to provide individual trauma assessment tools. If and when you have a student in your school that you feel could benefit from an individual trauma assessment, please consult with your school counselor, nurse, psychologist, or social worker and refer that student to an appropriate mental health professional.

Appendix D: Resources to Support Implementation

There are many resources available to support trauma-informed practice in the school setting. This list is neither comprehensive nor exhaustive but rather provides a few key state and national resources that may be helpful along the journey to trauma informed. Inclusion does not constitute endorsement by the Missouri Department of Elementary and Secondary Education or the Missouri Roundtable for Trauma-Informed Care. We encourage each school or district to select tools that meet the needs of their program and community, considering whether the resource is evidence-informed, partnership-focused, aligned with their needs and priorities, and sustainable within their local context and capacity.

Relevant State Statute

Section 161.1050, RSMo Initiative established, department duties - definitions.

Missouri School Improvement Program (MSIP) Standards and Indicators That Reference Trauma-Informed Practices and Methodologies

TL7: Multi-Tiered System of Support (The school system provides a comprehensive multi-tiered system of support that addresses the academic, emotional, behavioral, social, and physical needs of each student), Indicator F.

CC1: Safe, Orderly, and Caring Environment (The school system provides a safe and caring environment that supports teaching, learning, and student success), Indicator A.

State Resources

Trauma-Informed Schools Initiative website: Information for schools and parents regarding the trauma-informed approach and how schools can become trauma-informed schools.

Missouri Department of Elementary and Secondary Education: Resources to support safe and healthy learning environments for students.

Missouri Department of Mental Health: Information and a variety of resources related to how a trauma lens can be applied to promote organizational change as well as how treatment and services are delivered.

Missouri Schools Boards' Association's Center for Education Safety: Information, training, and resources to enhance various aspects of emergency planning, preparedness, and safety and security in schools.

Missouri Roundtable for Trauma-Informed Care: Guidance documents to assist individuals and organizations with becoming trauma informed.

- The Missouri Model: A Developmental Framework for Trauma-Informed (revised 2022)
- Missouri's Public Health Approach for Resilience to Mitigate the Impact of Trauma
- Organizational Considerations in Becoming Trauma Informed: First Steps
- Policy Guidance on Screening for Trauma
- Policy Guidance for Trauma-Informed Human Resources Practices

National Resources

American Academy of Pediatrics: Resources to help parents, caregivers, and other adults understand how trauma and adversity affect children and how to support them.

National Child Traumatic Stress Network: Resource guides on creating trauma-informed school environments and additional tools and materials to help educators, school staff, administrators, and parents understand and respond to the specific needs of children who have been exposed to trauma.

Trauma-Informed, Resilience-Oriented Schools Toolkit from the National Council for Mental Wellbeing and National Center for School Safety outlines a framework for implementing trauma-informed, resilience-oriented approaches in schools and school districts.

Appendix E: Examples of How This Guide Might be Used

Within the Classroom

A teacher noticed that students were constantly interrupting during the planned lesson with multiple questions and comments. This often led to students getting sidetracked, increased dysregulation, and less time spent teaching. Looking for solutions, the teacher came across the Missouri Model for Trauma-Informed Schools guide and realized that some of the students' behavior may stem from the impact of their trauma or toxic stress. As the teacher continued to read about the key considerations and indicators of trauma-informed care, they recognized that they had been missing an opportunity for co-regulation and student empowerment. This teacher normally reminds students of class expectations and procedures when they interrupt but realized that instead they could use this as an opportunity to co-regulate and then ask the student to problem-solve. The teacher decided to change how they responded to students when they interrupt: ask them to take a pause or deep breath together and then ask the students to identify the classroom procedures and expectations based on their question or comment. The teacher is also considering how they can encourage their colleagues to implement this practice in other classrooms.

Planning for Transitions

A high school special education teacher felt increasing concern for several seniors as they approached graduation, as they were not completing the necessary work to graduate. Due to their relationship with these students, they were aware of the students' anxiousness about graduating and some of the outside stressors affecting them. This teacher wanted to understand how the stressors might be contributing to the students' anxiety, so they turned to the Missouri Model for Trauma-Informed Schools guide for ideas. After reviewing the principles of trauma-informed care, they realized that these students could be experiencing a lack of a felt sense of safety regarding the various changes and transitions after high school. They made a plan to talk with these students, approaching the conversation with curiosity about potential fears and exploring past transitions that the students have navigated successfully. This encouraged the teacher to think about all senior students and how their emotions and outside stressors may be impacting their safety as they think about their futures. Their goal is to bring the Missouri Model for Trauma-Informed Schools guide to the next grade-level meeting to share and gather ideas to help all students during this transition time.

Reviewing Expectations with Grade-Level Teams

A grade-level team was tasked with reviewing the school dress code due to ongoing frustrations between staff and students and inconsistent enforcement of the policies. The team felt overwhelmed with the current policies and struggled to find solutions that met everyone's needs. Looking for a

different perspective, one team member turned to the Missouri Model for Trauma-Informed Schools guide and reviewed the key principles. They realized there was a lack of transparency regarding the purpose of the dress code policies, and that this lack of clarity was creating confusion for students and frustration for staff. At the next team meeting, the group used the guide to reflect on the purpose behind the dress code policies, streamlined expectations, and drafted clear guidelines. The team made a plan to share the new policies with school leadership and highlight the importance of communicating the purpose behind them to district leadership, students, and families.

Reframing Responses to Student Behavior

A middle school counselor noticed an increase in a student's disruptive behaviors and began to recognize traditional discipline wasn't working, prompting them to consult with peers at other buildings. A peer mentioned the Missouri Model for Trauma-Informed Schools guide as a potential resource that had supported their building in realizing the need to shift their behavior perspectives. In reviewing the guide, the middle school counselor applied the idea that behavior is a response to an unmet need, missing skills, or stress. They began asking, "what's going on behind this behavior" instead of, "what is wrong with this student" while introducing brief regulation strategies. While this reduced immediate conflicts, the school counselor recognized the guide's emphasis on schoolwide consistency and staff awareness revealed gaps in how staff respond to student behavior. This led them to understand that isolated strategies aren't enough, and a broader trauma-informed approach is needed. As a result, they advocated for ongoing training and external support to help the school build a sustainable trauma-informed culture.

Administrative Support for Staff Retention

An assistant principal (AP) noticed increasing staff burnout and turnover. When they opened the Missouri Model for Trauma-Informed Schools guide, they read about secondary traumatic stress and the importance of adult well-being in sustaining a supportive school environment. They implemented small shifts such as protected staff check-in time and encouraged peer support structures. While morale began to slightly improve, the guide highlighted the need for systemic care and the ongoing support necessary for staff's well-being, realizing these efforts are not enough on their own. The AP began to explore outside services that provide ongoing education and increased support for staff.

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